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THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND THE
PUBLIC HEALTH INSPECTOR FOR THE YEAR 1962

HEALTH COMMITTEE 1962/63

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/ Chairman of the Council

ø Vice-Chairman of the Council.

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THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1962.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1962.

DISTRICT COUNCILS AND HEALTH EDUCATION.

Two dirty words explain the entire plan of campaign in the war waged by preventive medicine against social evils: Statistics and Propaganda. Even the most ardent sanitarian who takes this Report in his hand can be expected to give no more than a cursory glance at the statistical tables set out like tombstones on the final pages. It is only fair to point out that Propaganda was made honest some years ago by a change of name to Health Education.

Emotional Resistance to New Ideas.

Every item in the formidable list of public health responsibilities - from accidents to worms - carries with it the obligation to guide and warn. This sounds simple enough but in reality there are many obstacles

in the way of convincing the public of the righteousness of a public health case: dislike of officialdom and mistrust of the experts is, in these days, an accepted social attitude. Far more serious, however, is emotional and often irrational resistance to new ideas. In the ~~remoter~~ parts of Ireland the introduction of "summertime" was (and possibly still is) vehemently resisted; there must be no interference with "God's time". The resulting chaos was not relieved by pointing out that the face of a clock is man made. British internees in the Far East, struggling with a monotonous diet of wet rice, failed in an attempt to make digestible "bread" from ground rice. When the question of abandoning the attempt was discussed, certain elderly men insisted on continuing the "bread" ration, "because", they said, "bread is the staff of life". Thus was emotional ease gained at the price of ^{gaining} distress and without advantage to nutritional needs. Whatever the complexities of our feelings about bread, the emotional auras associated with water are even more pronounced; this fact added to the confusion created in many minds by the cross-fire of those engaged in the fluoridation controversy makes the acceptance of the opponents slogans all too easy. Against such a background it is understandable that many fall for the cry of "mass medication" with its artful alliteration and drum beat rhythm. Looked at more closely, is the reasonable adjustment of a normal constituent of drinking water a medication?

Practical Problems.

Now come the practical problems of health education. With the exception of the excellent service for the training of mothers of infants and expectant mothers our efforts in health education tend to be spasmodic, fragmentary and unco-ordinated. There is no clear answer to the usual questions, What? Who? When? Which? and How? What are the health education duties of school nurses and medical officers as distinct from those of schoolteachers? How should these be co-ordinated and regularised into a sustained programme? Taking the whole field of educational information, in what form should this be prepared and how conveyed to the groups concerned with reasonable chance of success? Some of the relevant subjects are: Home Safety; Safety on the Broads; Safety on the Farm; Rat Control; Litter; Food Hygiene; Personal Hygiene; Dental Hygiene; The Danger of Smoking; Sex Education; Mental Health; Parent/Child Relationships; Problems of the Aged. A district council instituting a health education project requires considerable help in the form of visual aids, up-to-date literature and skilled propagandists. How may these be readily obtained from local resources and financial provision for such projects be assured?

Getting Organised.

It is to be hoped that enough has been written to make it clear that health education is an expert job requiring considerable thought and planning; that all activities in this branch of our work should be welded into one comprehensive campaign. The fact that certain local authorities have already appointed trained health education officers clearly indicates the importance of this policy. It is true that the Central Council for Health Education in London continues to give us every encouragement and help; that the Council's functions of training, production of materials and consultative works must always be invaluable. But surely there is room also for a local organisation catering for local needs?

Advisory Panel.

A possible solution is the appointment of an Advisory Panel (at county level) to include a trained Health Education Officer who, with the help of a small team, would carry out the directions of the Advisory Panel. The main tasks of the Panel would be: investigation of health subjects of importance to the public; preparation of health education programmes to cover such subjects; to form panels of regular lecturers;

provision of materials of aid to lecturers and for propaganda purposes, health exhibitions etc; to provide clear liason with district councils, voluntary organisations concerned with health education and national organisations such as the Central Council for Health Education and the Royal Society for the Prevention of Accidents; to develop the use of television, radio and newspapers as media for health education; finally, to utilise useful information and ideas fed back to the Panel by workers in the field. Briefly the Panel would provide "blue-prints" for continuous and special health education projects.

Health Education Committee.

It would be an interesting experiment to replace the Home Safety Committee and possibly the Road Safety Committee of a district council by a single Committee which could cover not only the work of both these Committees but also other practical health education work of benefit to the local population, i.e. a Health Education Committee in close touch with a county Advisory Panel as suggested in the previous paragraph.

First Step by District Councils.

The drain-and-dustbin concept of public health has gone. Problems brought about by poverty and poor environmental hygiene are rapidly disappearing and are being replaced by many new problems which cannot be satisfactorily solved without the aid of liberal health education. What contribution or new contribution can district councils give to educational programmes covering the whole field of local public health?

FLUORIDATION OF WATER SUPPLIES.

In 1962 the Ministry of Health published a Report entitled "The Conduct of Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years". This Report showed the very satisfactory effect on children's teeth of the fluoridation of the water supplies in the study areas concerned; a synopsis of the Report was circulated to members of your Public Health Committee last Autumn.

In the light of this Report a Ministry of Health Circular was sent, in December, to local authorities encouraging water undertakers to adopt fluoridation as a public health policy; the details of this Circular were brought to the notice of the members of your Public Health Committee.

Like many of our best health measures fluoridation may start without great enthusiasm but it is safe to predict that time will bring acceptance and that the fluoride controversy will, in the far future, have significance only as a subject for light entertainment in that section of the Press headed, "Fifty Years Ago".

ANTHRAX IN CATTLE.

The high incidence of Anthrax in cattle caused some anxiety during the summer of 1962. The possibility of the introduction of an infected animal into a slaughterhouse or knacker's yard is of concern to the public health department because of the risk of transmission of the disease to cattle handlers and slaughtermen, not to mention the danger to the public arising from infected meat, blood or milk. The most likely cause of the disease in cattle is the ingestion of imported food-stuffs which are infected as the result of failure in sterilisation.

Legal Powers.

The County Council has powers under the Anthrax Order (Diseases of Animals Act) to enforce measures to prevent the spread of the disease. Nevertheless, many difficulties have arisen in defining the precise responsibility of the various authorities and officers concerned in an outbreak and in resolving situations in which the provisions of the Order fail to give clear direction.

Anthrax Conference.

For these reasons a Conference on Anthrax attended by representatives of all authorities concerned was convened by the County Council in October last year. The Conference concluded with recommendations regarding the following items on which action is proceeding: the role of the police officer in the event of an outbreak; action to be taken by the local public health inspector; speedy notification of cases to the medical officer of health; the advice to be given by veterinary officers to persons in charge of infected animals or carcasses; the prevention by law of the removal of a sick animal or carcass to a slaughterhouse or knacker's yard unless certified to be free from Anthrax infection; compensation for carcasses and other materials which, as the result of contact, may be infected and have to be destroyed; appropriate information to be given to general practitioners on the treatment of human contacts; the education of stock owners and persons in the charge of stock in the early recognition of Anthrax infection.

Human Infection with the Anthrax Bacillus.

The possibility of human infection with the Anthrax bacillus is not considerable, and penicillin is an effective treatment. More information on the incidence of the disease is available since Anthrax became a notifiable disease in December 1960. There were eight such notifications in England and Wales during 1961. The Chief Medical Officer of the Ministry of Health makes the following comment on these cases:-

"Of these, four would not hitherto have been drawn to the attention of H.M. Inspector of Factories. One patient was unemployed and tended his allotment where he used bone meal as a fertiliser. Bone meal samples in this instance were negative; but later in the year another patient contracted the disease after laying turf for a sports firm contractor - and in this instance samples of the raw bone meal fertiliser used yielded *Bacillus anthracis*. One of the two remaining cases was a general practitioner who kept his own stables. The other was a manual labourer whose only relevant history was close association with a friend who worked in a tannery".

IMPORTED DISEASE.

No excuse is offered for reproducing the following section from my Annual Report for 1960:-

As international transport is speeded up we become more vulnerable to imported disease. Typhoid fever may not be very prevalent but no less than one third of the cases notified in this country in 1959 occurred in patients who contracted the disease while abroad. In this connection the official memorandum "Notice to Travellers" which advises on vaccination against the typhoid fevers assumes a special importance.

SAVING OF CHILD LIVES.

Because of the great reduction in mortality from common infections among children (between their first and 15th birth days) 9,500 lives have been saved annually during the last 30 years or so - that is, since effective new drugs and prophylactic procedure have come into use. (Extract from British Medical Journal, January 19th, 1963).

The following table of notifications shows the declining trend in common infections in England and Wales during recent years.

<u>Year</u>	<u>Diphtheria</u>	<u>Scarlet Fever</u>	<u>Tuberculosis</u>	<u>Whooping Cough</u>	<u>Polio</u>
1940	46,280	65,302	46,572	53,607 (173,330 in 1941)	1,079
1960	49	32,166	23,605	58,030	378
1961	180	20,109	22,069	24,688	1,086
1962	62	15,265	20,735	8,341	325

EXTRACT FROM THE MINISTRY OF HEALTH REPORT FOR THE YEAR 1958.

"However the public health service may develop in the years ahead, this much is certain: one of the most valuable contributions which it can make in its task for the promotion of health and the protection of the community against disease is the development and expansion of health education on a firmer and sounder basis than hitherto".

SUMMARY OF HEALTH OF DISS DISTRICT DURING 1962.

The population of Diss District at mid-year 1962 was estimated at 3,660. The corrected birth rate (22.5) was higher than that of England and Wales (18.0); the corrected death rate (11.1) was lower than the death rate for England and Wales (11.9).

Of the 5 notified cases of infectious diseases, one was recorded as measles. There was one notification of Scarlet Fever, and three of Whooping Cough.

The tables in the latter part of this report provide detailed statistical information concerning the health of the District and are designed, for the most part, to meet the requirements of the Ministry of Health.

STAFF

Mr. D. Newson, C.R.S.I., S.I.E.J.B., continued duty as Public Health Inspector throughout the year.

VITAL STATISTICS

(a) The Registrar General estimated the mid-year population of Diss Urban District, in 1962, at 3,660. The Census figure (April 1961) was 3,682. The estimated population in 1961 was 3,600.

(b) Births

There were 79 live births during 1962; 36 boys and 43 girls. The crude birth rate was 21.6 compared with 15.8 in 1961.

(c) Deaths

Deaths numbered 48 compared with 45 in 1961; the crude death rate was, therefore, 13.1 compared with 12.5 in 1961. There were only three deaths of persons under 50 years of age (including two infant deaths). There were 19 deaths in the 70 to 80 age group and 17 in the 81 to 90 age group.

There were 25 deaths from diseases of the heart and circulation; deaths from cancer numbered 16; there were 3 deaths from pneumonia. There were no deaths resulting from accidents or suicide.

(d) Infant Mortality

The infant mortality rate for Diss District (deaths of infants under one year per 1,000 live births) was 25.3. The rate for England and Wales was 21.4. There were two infant deaths; one from pneumonia and one from congenital malformations.

COMMUNICABLE DISEASES

(a) Only five cases of communicable diseases (excluding tuberculosis) were notified by general practitioners during 1962; of these, three were whooping cough, one measles and one scarlet fever. There were no notified cases of diphtheria, dysentery, pneumonia, food poisoning or poliomyelitis.

Diphtheria has lost its menace but there are still small pockets of resistance in some of the thickly populated areas of England; scarlet fever continues to present itself in a mild form; by reason of immunisation, whooping cough cases are masked and usually free from dangerous complications but it is still a serious disease in the very young unimmunised child. There was only one case (non-fatal) of tetanus throughout the administrative County in 1962.

(b) Poliomyelitis

No cases were notified in Diss District or in the administrative county of Norfolk in 1962.

Four public vaccination sessions were held at Diss Corn Hall at monthly intervals from March to June. Total attendances at the four sessions were 1,350 persons; this satisfactory response rounded off the adult vaccination campaign carried out by medical practitioners and local authority officers since the extension of the poliomyelitis vaccination scheme to the adult population.

Details of all vaccinations carried out since the scheme was introduced seven years ago are shown in Table 20 appended to this Report.

(c) Tuberculosis

No cases of tuberculosis were notified in Diss Urban District during 1962. Preventive measures against tuberculosis include:- examination of close contacts of cases; prolonged supervision over apparently cured cases; vaccination of school

leavers; search for early cases by mass X-ray surveys.

It must not be forgotten that the work of the Council in providing good housing and improved environmental sanitation contributes to the decline in tuberculosis and other communicable diseases. Since 1952 the death rate from respiratory tuberculosis in England and Wales has fallen by 72%.

CANCER

The number of cancer deaths in Diss District was 16 or 33 per cent of the total deaths. Of the total cancer deaths, three were caused by lung cancer (all males). Table 14 shows the District record for all cancer deaths and lung cancer deaths during the past five years.

HOUSING

Fifteen three-bedroomed houses were completed (and occupied) on the Skelton Road estate and twelve three-bedroomed houses and a block of twelve two-bedroomed maisonettes were in course of construction. Sixteen new private dwellings were completed during the year.

WATER SUPPLIES

Bacteriological chemical analyses of the samples of your Council's water supply continued to give satisfactory results.

A new bore, completed in 1961, was put into use and construction began on a new water tower at the headworks.

SEWAGE WORKS

The sewage disposal plant continues to function satisfactorily but is reaching maximum capacity.

The urgency of a solution to the problem of refuse disposal remains active. As stated in the 1961 Annual Report the simplest and least expensive method of disposal is the acquisition of suitable land on which excavations can be made for the reception and burial of all refuse collected by the Council.

CONCLUSION

In conclusion I should like to thank the Chairman of the Council and the Chairman and members of the public health committee for their continued support and kindness. I wish also to thank the Clerk of the Council, the Public Health Inspectors and the Council staff for the generous help they have given me throughout the year. Finally I am very grateful to the Senior Clerk and staff in the Norwich office for their loyalty and efficiency at all times and for the considerable work carried out in preparation of Annual Reports.

I have the honour to be,

Your obedient servant,

W.E. Holmes.

Local Health Office,
Aspland Road,
Norwich.

DISS URBAN DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,628
Estimated Resident Population	3,660
Rateable Value	£49,591
Sum produced by a Penny Rate	£201

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	35	39	74
Illegitimate	1	4	5
Totals	36	43	79

Live Birth Rate per 1,000 of Estimated Resident Population = 21.6

Table 3. STILL BIRTHS = Nil

Still Birth Rate per 1,000 total births = 0.0

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	36	43	79
Still	-	-	-
Totals	36	43	79

Table 5. INFANT DEATHS

(A) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	-	2	2
Illegitimate	-	-	-
Totals	-	2	2

Infant Mortality Rates:

Total = 25.3 (per 1,000 live births)
 Legitimate = 27.0 (per 1,000 legitimate births)
 Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	-	2	2
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 25.3

(c) Early Neo-Natal Mortality (Deaths of infants under 1 week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = 12.7

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Perinatal Mortality Rate (per 1,000 total births) = 12.7

Table 6. ILLEGITIMATE BIRTHS

Males - 1. Females - 4. Total - 5 = 6% of total live births.

Table 7. MATERNAL DEATHS (Including abortion) = Nil

Maternal Mortality Rate (per 1,000 total births) = 0.0

Table 8. DEATHS (All ages)

Males	Females	Total
25	23	48

Crude Death Rate (per 1,000 of Estimated Resident Population) = 13.1

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Males	Females	Total
Pneumonia	-	1	1
Congenital malformations	-	1	1
Totals	-	2	2

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR
(According to Age Groups)

	Males	Females	Total
Under 1 year	-	2	2
1 and under 5	-	-	-
5 " " 10	-	-	-
10 " " 20	-	-	-
20 " " 30	-	-	-
30 " " 40	1	-	1
40 " " 50	-	-	-
50 " " 60	3	3	6
60 " " 70	2	-	2
70 " " 80	13	6	19
80 " " 90	5	12	17
90 " " 100	1	-	1
Totals	25	23	48

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
1. Tuberculosis, respiratory.	-	-	-
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infection.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	1	2	3
11. Malignant neoplasm, lung, bronchus.	3	-	3
12. Malignant neoplasm, breast.	-	2	2
13. Malignant neoplasm, uterus.	-	1	1
14. Other malignant and lymphatic neoplasms.	5	2	7
15. Leukemia, Aleukemia.	-	-	-
16. Diabetes.	-	-	-
17. Vascular lesions of nervous system.	2	4	6
18. Coronary disease, angina.	6	4	10
19. Hypertension with heart disease.	-	1	1
20. Other heart diseases.	4	2	6
21. Other circulatory diseases.	1	1	2
22. Influenza.	-	-	-
23. Pneumonia.	2	1	3
24. Bronchitis.	-	1	1
25. Other diseases of respiratory system.	-	-	-
26. Ulcer of stomach and duodenum.	-	-	-
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	-	-	-
29. Hyperplasia of prostate.	-	-	-
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	-	1	1
32. Other defined and ill-defined diseases.	1	1	2
33. Motor vehicle accidents.	-	-	-
34. All other accidents.	-	-	-
35. Suicide.	-	-	-
36. Homicide and operations of War.	-	-	-
Totals	25	23	48

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1956	1957	1958	1959	1960	1961	1962
<u>Live Births(per 1,000 pop)</u>	(53)	(64)	(68)	(69)	(56)	(57)	(79)
Diss U.D.	14.8	17.8	18.7	19.1	15.4	15.8	21.6
Area 5.	14.2	13.3	14.9	13.7	14.1	14.2	13.9
England & Wales (provisional)	15.7	16.1	16.4	16.5	17.1	17.4	18.0
<u>Still Births(per 1,000 total births)</u>	(Nil)	(1)	(Nil)	(1)	(2)	(2)	(Nil)
Diss U.D.	0.0	15.4	0.0	14.3	34.5	33.9	0.0
Area 5.	23.7	22.0	9.9	19.9	20.7	8.9	21.4
England & Wales (provisional)	23.0	22.4	21.6	20.7	19.7	18.7	18.1
<u>Crude Deaths (per 1,000 pop)</u>	(44)	(42)	(45)	(48)	(38)	(45)	(48)
Diss U.D.	12.3	11.7	12.5	13.3	10.5	12.5	13.1
Area 5.	11.4	11.1	12.1	12.4	11.8	12.4	12.1
England & Wales (provisional)	11.7	11.5	11.7	11.6	11.5	12.0	11.9
<u>Infant Mortality (per 1,000 live births)</u>	(1)	(Nil)	(2)	(1)	(3)	(1)	(2)
Diss U.D.	18.9	0.0	29.4	14.5	53.6	17.5	25.3
Area 5.	20.8	15.0	8.3	25.4	14.1	9.0	14.5
England & Wales (provisional)	23.8	23.0	22.5	22.0	21.7	21.4	21.4

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.

2. Area 5 comprises Depwade & Loddon R.Ds. and Diss & Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER - Diss U.D.

	1956	1957	1958	1959	1960	1961	1962
Number of deaths.	9	10	5	19	7	5	16
Percentage of total deaths.	20	23	11	39	18	11	33

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Diss U.D.

Year	Males			Females		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1962	25	9	3	23	7	-
1961	27	3	2	18	2	-
1960	18	3	1	20	4	-
1959	30	11	5	18	8	-
1958	25	2	1	20	3	-
Totals	125	28	12	99	24	-

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS - Diss U.D.

	Under 1	1 - 4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	-	1	-	-	1
Whooping Cough	-	2	1	-	-	3
Measles	-	-	1	-	-	1
Dysentery (Some)	-	-	-	-	-	-
Pneumonia	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-
Infective Jaundice	-	-	-	-	-	-
Totals	-	2	3	-	-	5

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Diss U.D.

	1958	1959	1960	1961	1962
Scarlet Fever	-	1	-	-	1
Measles	2	5	1	140	1
Whooping Cough	-	-	-	-	3
Pneumonia	-	2	-	2	-
Erysipelas	1	-	-	-	-
Dysentery (Some)	-	-	-	5	-
Food Poisoning	-	-	-	-	-
Infective Jaundice	-	2	-	1	-
Puerperal Pyrexia	-	1	-	1	-
Totals	3	11	1	149	5

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS - Diss U.D.

		1958	1959	1960	1961	1962
Pulmonary	Male	-	-	1	-	-
	Female	-	-	-	1	-
Non-Pulmonary	Male	1	-	-	-	-
	Female	-	-	-	-	-
Diss U.D.	Totals	1	-	1	1	-
Area 5.	Totals	8	7	13	12	8

Table 18. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

Year	Primary Injections			Booster Injections	
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14
1962	155	448	28	48	304
1961	295	498	157	89	766
1960	357	472	314	27	1,233
1959	302	466	23	20	74
1958	283	401	60	28	416

Table 19. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Diss U.D.					Area 5.				
	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962
Number of live births registered.	68	62	56	57	79	599	551	567	556	550
Number of vaccinations recorded (0-4 years).	31	63	47	62	33	445	472	508	458	420
Percentage vaccinated.	46	100	84	100	42	74	86	89	82	76

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and booster doses given in Area 5 from 1956 when this scheme commenced.

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Adults	Age 0-4	Age 5-14	Adults	Age 5-11
1962	431	168	1,510	524	427	2,091	453
1961	601	535	2,068	427	228	824	3,017
1960	397	227	853	660	566	1,636	-
1959	593	677	2,220	1,377	3,261	864	-
1958	1,648	3,159	154	32	1,284	2	-
1957	197	1,115	-	-	-	-	-
1956	40	121	-	-	-	-	-

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5, during the last five years.

Year	Under 1	Age 1-4	Age 5-14	Total
1962	149	291	12	452
1961	291	300	26	617
1960	368	100	124	592
1959	318	227	16	561
1958	265	106	8	379

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last four years. Immunisation against this disease was included in the County Council's immunisation scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1962	152	312	725	399	50	103	37
1961	282	329	1,651	580	73	80	63
1960	374	198	1,823	691	22	56	87
1959	307	258	218	144	11	27	39

THE ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1962.

Mr. Chairman, Miss Oakes and Gentlemen,

I submit for your information the Annual Report of your Public Health Inspector for the year 1962.

I would thank the Chairman and Members of the Health Committee for their interest and help during the year and to express my appreciation for the assistance given by Dr. W.E. Holmes, Mr. C.R. Williamson and his staff.

D. Newson

Public Health Inspector.

SEWERAGE, CONSERVANCY AND DRAINAGE

No major works of repair, renewal or extension were carried out to the main sewers during the year.

The sewage disposal works have continued to function satisfactorily throughout the year although your Surveyor has again had difficulty with the disposal of sewage sludge. In an effort to get this dried more quickly work was carried out to redrain the sludge beds but the problem still persists. Whilst the works function satisfactorily at the present time, it must be borne in mind that any big growth of the town will necessitate further expansion of the sewage works.

Samples of the effluent from the works have been reasonably satisfactory although the B.O.D. figure has been rather high on occasions.

The weekly emptying of pail closets has continued satisfactorily. The number of houses with such closets has been reduced to 93 and 65 of these are in areas of the town where there is no sewer available. The majority of the remaining 28 properties are sub-standard dwellings and it is doubtful whether they are financially worth improving.

WATER SUPPLIES

Further steps were taken by the Council during the year to cope with the increasing demand for water.

New pumping equipment was purchased for installation in the 18" borehole which had been completed in 1961.

A new distribution main was laid at a cost of some £8,000 from the waterworks via Louies Lane, Croft Lane and Park Road to Victoria Road to provide a better supply to the eastern part of the town. Minor works were carried out to improve pressure in the Walcot Road/Heywood Road areas.

The Council placed a contract for the erection of the new water tower at an estimated cost of £35,000 and work was well advanced on this at the end of 1962.

It is to be hoped that these steps will go a long way towards ensuring an adequate water supply for the whole of the U.D.C. area.

All the samples of mains water submitted for bacteriological examination were found to be very satisfactory.

Although the Council were still opposed to the idea of joining a water board for the South Norfolk area, there appears to have been no change of attitude by the Minister of Housing and Local Government. Although no date has yet been fixed for such board to commence operations, it does seem only a matter of time before the Council's water undertaking is "taken over".

REFUSE COLLECTION AND DISPOSAL

The weekly collection of refuse has been maintained during the year except in the more remote rural parts of the district where either a fortnightly or monthly collection was made.

As the town grows and more waste matter finds its way into bins, it becomes increasingly more difficult to maintain the present service with only two men employed. It is to be hoped that additional labour will be available on this service during 1963 to enable the service to be maintained and to give more time for keeping tips clean and tidy.

The problem of tipping sites remains basically unsolved. Three small sites were used on different farms during the spring and summer months but for much of the year it was again necessary to rely upon the rather unsatisfactory site off Fair Green. Efforts were made to obtain a site in an adjoining district but unfortunately planning permission was refused. Your Council has, however, given authority for the acquisition of a site to excavate to form a suitable tip and it is to be hoped that a suitable site will be forthcoming within the next twelve months.

HOUSING

(a) New Housing Accommodation

During the year work commenced on the next stage of the development of the land acquired by the Council to the north of the existing Mere Manor estate. Fifteen three-bedroom terraced houses were completed and occupied by the end of the year and work was proceeding on another twelve houses and a block of twelve two-bedroom maisonettes.

During the year a further 90 applications were received for Council housing accommodation, whilst it was possible to rehouse 29 families into Council accommodation.

(b) Unfit Properties

During the year 9 unfit properties were dealt with and Closing Orders made in respect of these houses whilst "Time and Place" notices had, at the end of the year, been served in respect of another 15 properties.

From properties already subject to Closing or Demolition Orders, 10 families (28 persons) were rehoused during the year. Ten unfit houses were actually demolished during the year.

(c) Improvement Grants

During the year a further 9 applications were approved for Standard Improvement Grants bringing the total number of such grants approved to 58. Nine properties approved for grants had the works completed during the year and payments

of £887.6.0d. were made. At the end of the year the number of applications approved but not yet completed was 5.

Of the grants so far approved, 30 are in respect of owner/occupied properties and 25 for tenanted houses.

During the year the Ministry of Housing and Local Government issued a circular to Local Authorities asking them to persuade more owners to take advantage of the grant schemes to get more older properties modernised. A survey was carried out of many of the older properties and the owners of such houses are to be written to in an effort to get more of the worthwhile older houses modernised.

FOOD HYGIENE

Regular visits were made during the year to all types of food premises.

Food premises generally are kept in a reasonable state of repair and cleanliness. There is still a tendency for too much open food to be put on display in certain shops without there being adequate protection from dust and dirt, flies, etc.

It will be noticed in the summary of visits section of this report that considerably more visits were made this year to butcher's shops. Quite a considerable amount of work has been done in premises of this type during the year. Fairly extensive works of repair and modernisation have been completed at two shops and are under way at another shop whilst two other butchery shops have had minor improvements and re-decoration carried out.

In most cases proprietors of food shops are most co-operative when approached on matters of food hygiene and are anxious to keep their premises up to the standard of cleanliness demanded by the majority of the present day shopping public.

One complaint was made of frozen pre-packed poultry which were out of condition when sold. The matter was investigated and was found to be due to carelessness in the handling of this type product at the shop.

Samples of ice cream were taken during the summer months and all were found to be quite satisfactory.

SLAUGHTERING FACILITIES AND MEAT INSPECTION

A comprehensive scheme of reconstruction and modernisation was carried out by the owner of the Chapel Street slaughterhouse at the beginning of the year. The premises were closed from 1st January until late April whilst the extensive works were undertaken. The total cost of the works was high but has resulted in a very poor old slaughterhouse being converted into one which is quite satisfactory by

modern standards.

The total number of animals slaughtered is seen from the comparative table for the last three years.

Year	Cattle	Pigs	Sheep	Calves	Total
1962	642	754	361	4	1761
1961	917	937	351	2	2207
1960	725	862	378	5	1970

The figures for 1962 are for approximately 8 months only as the slaughterhouse was closed until late April.

Meat and offal condemned during the year amounted to 4 cwts. 7 lbs.

The butchers using the Chapel Street slaughterhouse continue to buy top quality animals and this is undoubtedly the main reason for the small amount of meat and offal which has been condemned.

The meat and offal which was rejected as unfit was condemned because of parasitic infections, pneumonia, bacterial diseases, extensive bruising, etc.

RODENT CONTROL

The number of complaints of rats and mice was slightly less than in the previous year and such complaints were generally of minor infestations which were quickly cleared up. Annual test baiting of the sewers was carried out and there was evidence of only very small infestation. Certain places which are particularly prone to infestation are kept with permanent baiting points laid in order to prevent any large scale build up of rats.

SWIMMING POOL

The rather poor weather again kept the numbers using the pool to rather below average and thereby made it easier for the water to be kept in a satisfactory condition. Regular samples were sent for bacteriological examination and generally the reports were very satisfactory.

FAC TORIES ACT, 1957

Thirty-one visits were made to factory premises and one written informal notice was served requiring the cleansing

of sanitary accommodation.

PUBLIC HEALTH ACT, 1936

(a) Section 75 - Provision of Dustbins

The Council's hire schemes for dustbins has continued and a further 15 property owners have availed themselves of this service and replacement bins have been provided at 14 properties.

(b) Section 83 - Filthy or Verminous Premises

Two houses were disinfested during the year. In both cases the houses had been occupied by elderly persons who were eventually persuaded to go into an aged persons' home when they could, unfortunately, no longer look after themselves.

(c) Section 92 - Nuisances

Fifty-six complaints were received during the year and forty of them were found to be to some extent justified. It was necessary for a statutory notice to be served to secure the abatement of one nuisance, but it was possible to get the others righter without having to resort to the service of legal notices.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

Three applications were received for the standing of caravans and licences were issued subject to the standard conditions laid down by the Council. Certain difficulties were experienced with caravans being sited on an unlicensed site and it was only the threat of legal action being taken which secured their removal from this land.

PREScribed PARTICULARS REQUIRED BY

SECTION 128(3), FACTORIES ACT, 1937.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sects. 1,2,3,4 and 6 are to be enforced by the Local Authority	7	4	Nil	Nil
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority	61	27	1	Nil
(iii). Other premises in which Sect. 7 is enforced by the Local Authority	1	Nil	Nil	Nil

SUMMARY OF VISITS MADE BY THE PUBLIC HEALTH INSPECTOR

(A) GENERAL

Complaints investigated.....	56
Visits re nuisances.....	107
Visits re insanitary conditions.....	32
Ditches, watercourses, etc.....	22
Accumulations of rubbish etc.....	10
Swimming Pool.....	11
Water supplies.....	31
Factories.....	31
Public conveniences.....	8
Smoke nuisances.....	1
Game licences.....	2
Pet animals act licences.....	1
Petroleum regulations.....	19
Shops.....	23
Rodent control.....	126
Places of entertainment.....	2
Miscellaneous.....	59

(B) HOUSING

Visits under the Housing Acts.....	146
Improvement Grants.....	96

Survey of properties for possible improvement.....	275
Overcrowding.....	2
Caravans.....	68
Visits under Public Health Acts.....	37
Council houses - general inspections.....	41
Council houses - disrepairs.....	899
Informal notices served.....	15
Formal notices served.....	1
Notices complied with.....	16

(C) INFECTIOUS DISEASES

Investigations.....	2
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(D) VISITS TO FOOD PREMISES

Bakehouses.....	10
Grocers.....	11
Fish Shops.....	6
Ice cream manufacturers.....	3
Food manufacturing premises.....	21
Butchers shops.....	74
Cafes and restaurants.....	12
Market stalls.....	11
Visits re unsound food.....	23

(E) MEAT INSPECTION

Visits to slaughterhouse.....	223
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(F) DRAINAGE AND CONSERVANCY

Drains inspected and tested.....	174
Obstructed drains cleared.....	51
Drains found defective.....	5
Septic tanks and cesspools.....	25
Visits re pail closets.....	8

(G) REFUSE COLLECTION

Visits re collection and disposal.....	119
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